



ANNUAL HEALTH RECORDS
REQUIRED FOR REGISTRATION AND RENEWAL

2010

NAME OF OWNER:
NAME OF DOG:
BREED:
OTD# (For renewal only; # is on your ID card)

Dear Health Care Provider:

Please complete this form in its entirety. All requirements must be met as indicated. Your signature will confirm that all procedures were performed, including the annual health check-up. Where procedures were not performed, please check appropriate boxes. All our Members with their dog(s) are volunteers and serve their local community. Thank you for your cooperation. Ottawa Therapy Dogs.

DATE PERFORMED MUST BE PROVIDED FOR EACH PROCEDURE

OTD cannot register a dog without a current Rabies vaccination.

MANDATORY ANNUAL CHECK-UP, DATE COMPLETED:

Rabies Date Shot Given: Expires:

If the dog has a physical condition that precludes the safe immunization or reimmunization of the animal against rabies, please provide a statement of exemption issued by a veterinarian with respect to the dog that sets out the reason why the animal cannot be immunized or reimmunized. (To the owner of the dog: The statement of exemption must be submitted with this form).

REQUIRED ANNUAL PROCEDURES

Fecal P N Date:

A fecal test is mandatory.

Heartworm P N Date:

A HW test or preventative is at the discretion of the Veterinarian. Please check box if not done:

ADDRESS STAMP OF VET

Type of HW medication(s)

Comments

Name

Address

Phone

I hereby certify that I have examined the above dog and to the best of my knowledge find the animal is of good physical and mental health.

Signature of Licensed Veterinarian

Please include Vet info if there is no stamp available. Please note, phone number is required.

***Owner to photocopy both blank and completed BEFORE submission**